

TABLE 1 TECHNIQUE & SEQUENCES: 19 PAGES

POSTERIOR TECHNIQUE: Foot, Leg & Glute (Right Side Only)

1. Lateral Foot & Lateral Lower Leg, Proximally:

- **Practitioner Position:** Stand at S5 facing the head of the table with left foot at a 45-degree angle. Standing foot left, working foot right.
 - **Sarga Wrapping Technique:** Double or Single Shoulder Wrap.
 - **Stroke Direction & Foot Mechanics:** Begin with work along the lateral arch of the recipient's foot with your big toe/pad of the foot. Move to recipient's Achilles's tendon with the base of your 1st metatarsal and fade into your medial arch on recipient's calf tissue at a slight oblique angle. Stop pressure before the knee joint.
 - **Target Tissue:** Lateral soleus, lateral gastrocnemius.
 - **Considerations & Contraindications:** Be sure to always bolster the recipient's leg appropriately so that the ankle is not over extended and the leg is not laterally rotated at the hip. Never apply any pressure directly on the knee joint! Varicose veins may be a consideration depending on recipient's history.
-

2. Full Lateral Leg, Proximally:

- **Practitioner Position:** Stand at S5 facing the head of the table at a 45-degree angle towards the left. Standing foot left, working foot right.
- **Sarga Wrapping Technique:** Double or Single Shoulder Wrap.
- **Stroke Direction & Foot Mechanics:** Begin at the recipient's Achilles's tendon with the base of your 1st metatarsal and fade into your medial arch on recipient's calf tissue at a slight oblique angle. Gently glide over the popliteal fossa with little to no pressure and drop into the hamstrings with the pad of your foot. Continue up the leg while pivoting

your torso and your standing foot towards the foot of the table. Your working foot will naturally pivot so that the pad of your foot leads into the gluteal fold.

- **Target Tissue:** Lateral soleus, lateral gastrocnemius, lateral IT band, lateral hamstrings.
- **Considerations & Contraindications:** Be sure to always bolster the recipient's leg appropriately so that the ankle is not overextended, and the leg is not laterally rotated at the hip. Never apply any pressure directly on the knee joint! Varicose veins may be a consideration depending on recipient's history.

3. Medial Foot & Medial Lower Leg, Proximally:

- **Practitioner Position:** Stand at S5 facing the head of the table with standing foot at a 45-degree angle. Standing foot right, working foot left.
- **Sarga Wrapping Technique:** Double or Single Shoulder Wrap.
- **Stroke Direction & Foot Mechanics:** Begin with work along the medial arch of the recipient's foot with your big toe/pad of the foot. Move to recipient's Achilles's tendon with the base of your 1st metatarsal and fade into your medial arch on recipient's calf tissue at a slight oblique angle. Stop pressure before the knee joint.
- **Target Tissue:** Medial soleus and medial gastrocnemius.
- **Considerations & Contraindications:** Be sure to always bolster the recipient's leg appropriately so that the ankle is not over extended and the leg is not laterally rotated at the hip. Never apply pressure directly on the knee joint! Varicose veins may be a consideration depending on recipient's history.

4. Full Medial Leg, Proximally:

- **Practitioner Position:** Stand at S5 facing the head of the table at a 45-degree angle towards the right. Standing foot right, working foot left.
- **Sarga Wrapping Technique:** Double or Single Shoulder Wrap.
- **Stroke Direction & Foot Mechanics:** Begin at the recipient's Achilles's tendon with the base of your 1st metatarsal and fade into your medial arch on recipient's calf tissue at a

slight oblique angle. Gently glide over the popliteal fossa with little to no pressure and drop into the hamstrings with the pad of your foot. Continue up the leg while pivoting your torso and your standing foot to face the foot of the table. Your working foot will naturally pivot so that your heel leads into the gluteal fold. End by extending through your heel until it contacts ischial tuberosity.

- **Target Tissue:** Medial soleus, medial gastrocnemius, hamstrings.
- **Considerations & Contraindications:** Be sure to always bolster the recipient's leg appropriately so that the ankle is not overextended, and the leg is not laterally rotated at the hip. Never apply pressure directly on the knee joint! Varicose veins may be a consideration depending on recipient's history.

5. Glute:

- **Practitioner Position:** Stand at S2 facing the foot of the table at a slight angle. Standing foot right, working foot left.
- **Sarga Wrapping Technique:** Double or Single Shoulder Wrap / Double Hand Twine.
- **Stroke Direction & Foot Mechanics:** Start at recipient's iliac crest, with the pad of the foot/toes facing the foot of the table, working in between the edge of the sacrum and the greater trochanter, aiming towards midline and distally. **Variation 1:** Use your heel as the focus of your contact and end the stroke when your heel reaches the gluteal fold. **Variation 2:** Use the ball of your foot and medial arch as the focus of your contact in order to contour the medial border of the greater trochanter. When the pad of your foot reaches the gluteal fold, "fan" your heel laterally.
- **Target Tissue:** Gluteus maximus, medius & minimus, lateral hip rotators.
- **Considerations & Contraindications:** Hip replacements, arthritis in the hip, sciatica.

6. Lateral Upper Leg, Distally:

- **Practitioner Position:** Stand at S2 facing the foot of the table at a slight angle. Standing foot right, working foot left.
- **Sarga Wrapping Technique:** Double or Single Shoulder Wrap / Handle Grip.

- **Stroke Direction & Foot Mechanics:** Drop into recipient's gluteal fold with your toes/pad of your foot, work down the leg with your toes/pad of the foot on the hamstrings and your heel contacting the posterior border of the IT band. Stop pressure before the knee joint; it is ok to have the pad of the foot/toes directly on the back of knee but without pressure...keep pressure in your heel for the last part of this stroke. **Variation:** A more lateral trajectory (with the heel of the working foot dragging on the surface of the table) will affect the IT band more directly.
- **Target Tissue:** Hamstrings, IT band.
- **Considerations & Contraindications:** Do not apply pressure directly on the knee joint; stop the stroke before the knee or stay light on the pad of the foot/toes with pressure in the heel.

7. Lateral Lower Leg, Distally:

- **Practitioner Position:** Stand at S4 facing the foot of the table. Standing foot right, working foot left.
- **Target Tissue:** Double or Single Shoulder Wrap.
- **Stroke Direction & Foot Mechanics:** Start beneath the knee, near the head of the fibula with your pad of the foot as your working surface, work distally and ending at the Achilles tendon.
- **Target Tissue:** Lateral Gastrocnemius and Soleus.
- **Considerations & Contraindications:** Be sure to always bolster the recipient's leg appropriately so that the ankle is not over extended, and the leg is not laterally rotated at the hip. Never apply pressure directly on the knee joint! Varicose veins may be a consideration depending on recipient's history.

POSTERIOR TECHNIQUE:

Hand, Arm & Back (Right Side Only)

1. Palm of the Hand:

- **Practitioner Position:** Stand at S3. Use both your feet on recipient's palm.
- **Sarga Wrapping Technique:** Double or Single Shoulder Wrap.
- **Stroke Direction & Foot Mechanics:** Use your big toe and pad of the foot on recipient's palm with pressure moving down and out, opening tissue of the palm like a book. If able, you may slide the recipient's thumb between your big toe and second toe to work on the thenar eminence.
- **Target Tissue:** Palm of the hand, thenar eminence, hypo-thenar eminence.
- **Considerations & Contraindications:** Do not apply direct pressure on the wrist joint or stand with full weight on the fingers. Be careful not to direct pressure towards the wrist, causing it to bend.

2. Forearm:

- **Practitioner Position:** Stand at S3 facing the head of the table. Standing foot left, working foot right. Stabilize the recipient's hand by lightly pinning the fingers with your toes/ball of your standing foot while using your right foot to work on the forearm.
- **Sarga Wrapping Technique:** Double or Single Shoulder Wrap.
- **Stroke Direction & Foot mechanics:** Begin slightly above the recipient's wrist with the pad of the foot, work up towards the elbow and pivot (heel out) around the middle of the recipient's forearm, ending with your lateral arch before the elbow. To come back down, pivot back and forth on the lateral arch of your foot, working towards the wrist, or simply pick up and begin again above the wrist.
- **Target Tissue:** Forearm flexors.

- **Considerations & Contraindications:** Do not apply pressure directly on the wrist or the elbow joint!
-

3. Upper Arm (Deltoid):

- **Practitioner Position:** Stand at S2 on the opposite side in the space between the torso and the upper arm of the recipient. Standing foot left, working foot right.
 - **Sarga Wrapping Technique:** Double or Single Shoulder Wrap.
 - **Stroke Direction & Foot Mechanics:** With your working foot externally rotated at a 45-degree angle, contact recipient's superior deltoid with your heel and gently roll the deltoid tissue up and over the head of the humerus, always staying lateral to the scapula. When you begin to contact the posterior deltoid, begin to internally rotate your leg and continue inferiorly, using your heel to contact the lateral border of the recipient's scapula.
 - **Target Tissue:** Posterior deltoid, triceps.
 - **Considerations & Contraindications:** Watch the spine of the recipient's scapula to make sure that you are not taking tissue laterally. Work gently in this sensitive area. Do not let the heel drop down to the nerve plexus of the medial upper arm.
-

4. Back ("Chevron"):

- **Practitioner Position:** Stand at S1 facing the foot of the table at an angle with your standing foot against the recipient's shoulder/upper arm. Standing foot right, working foot left.
- **Sarga Wrapping Technique:** Harness.
- **Stroke Direction & Foot Mechanics:** Begin at the lower angle of the recipient's scapula. Working transversely, take tissue laterally to medially, working towards the spine with the leading edge of your heel, completing a half-chevron ([See "Chevroning" in terminology](#)). Your forefoot will cross the spine with little to no pressure. This is a very slow, oblique, high friction stroke! Repeat 4-6 times moving inferiorly towards the

sacrum. At the lower ribs, begin to target lateral iliocostalis and quadratus lumborum. Continue over the top of the sacrum and finish with slight traction. Do not compress the lumbar spine with downward pressure; it is important to target this area with oblique contacts.

- **Target Tissue:** Erector group, latissimus dorsi, thoracolumbar fascia.
- **Considerations & Contraindications:** Do not apply direct downward pressure on the secondary curve of the lumbar spine, especially when the recipient has lower back considerations ([See Bolstering & Recipient Body Positioning](#)). Bolster appropriately if the recipient has large breasts or breast implants. Note that having your Sarga Strap at its correct length is most critical for this stroke.

ANTERIOR TECHNIQUE:

Leg (Right Side Only)

1. Lateral Lower Leg, Proximally & Distally:

- **Practitioner Position:** Stand at S5 facing the head of the table. Standing foot right, working foot left. Secure recipient's plantar surface of the foot against the medial surface of your standing leg.
 - **Sarga Wrapping Technique:** Double or Single Shoulder Wrap (on non-working side).
 - **Stroke Direction & Foot Mechanics:** Start by working down the dorsal surface of the foot, ending around the lateral malleolus. Then work up the lateral lower leg to the lateral condyle of the tibia at the knee with your toes/pad of the foot working in a windshield wiper motion, pivoting at the heel. Switch to using your heel as the working surface as you come back down the leg, this time with the ball of your foot as the pivot point. Slowly move your standing leg forwards and backwards with the movement of the stroke, facilitating a pin-and-stretch as you work tissue down towards the table.
 - **Target Tissue:** Tibialis anterior, fibularii, extensor digitorum longus.
 - **Contraindications & Considerations:** Bolster beneath the knee, both to protect the knee from hyperextension and to neutralize the lower back. Be aware of any history of knee considerations.
-

2. Medial Lower Leg, Proximally & Distally:

- **Practitioner Position:** Stand at S5 facing the head of the table. Standing foot left, working foot right. Secure recipient's plantar surface of the foot against the medial surface of your standing leg.
- **Sarga Wrapping Technique:** Double or Single Shoulder Wrap (on non-working side).
- **Stroke Direction & Foot Mechanics:** Work up the medial lower leg, from the medial malleolus to the medial condyle of the tibia and pes anserine with your toes/pad of the foot working in windshield wiper motion, pivoting at the heel. Switch to using your heel

as the working surface as you come back down the leg, this time with the ball of your foot as the pivot point. Slowly move your standing leg forwards and backwards with the movement of the stroke, facilitating a pin-and-stretch as you work tissue down towards the table.

- **Target Tissue:** Anterior gastrocnemius, anterior soleus, crural fascia.
- **Contraindications & Considerations:** Bolster beneath the knee, both to protect the knee from hyperextension and to neutralize the lower back. Be aware of any history of knee considerations.

3. Medial Upper Leg (Adductor Fan):

- **Practitioner Position:** Stand at S4, bracing the lateral side of recipient's leg with the medial side of your left leg to keep it from externally rotating.
- **Sarga Wrapping Technique:** Double or Single Shoulder Wrap (on non-working side).
- **Stroke Direction & Foot Mechanics:** Begin above the medial epicondyle of the femur (around the midline of the anterior leg). Using a broad, flat forefoot, take the tissue medially and posteriorly down towards the table in a fan-shaped motion. Repeat this stroke as you work proximally, being sensitive to recipient's privacy and comfort.
- **Target Tissue:** Quadriceps & adductor group.
- **Considerations & Contraindications:** Stay away from genital area. Do not use sustained compression on the femoral arterial compartment.

4. Top of Upper Leg (Quadriceps), Proximally:

- **Practitioner Position:** Stand at S4, bracing the lateral side of recipient's leg with the medial side of your left leg to keep it from externally rotating.
- **Sarga Wrapping Technique:** Double or Single Shoulder Wrap (on non-working side).
- **Stroke Direction & Foot Mechanics:** Begin above the patella with the toes/pad of the foot. Work up the leg until the full plantar surface of your foot makes contact. When the

heel makes contact with the medial edge of Vastus medialis, turn the heel slightly medially to create a torsion effect as you trace the tissue of the Quadricep group. Rotate your foot so that the lateral edge finishes below ASIS.

- **Target Tissue:** Quadriceps.
- **Considerations & Contraindications:** Bolster beneath the knee, both to protect the knee from hyperextension and to neutralize the lower back. Be aware of any history of knee considerations. Do not use sustained compression on the femoral arteries.

5. Lateral Upper Leg, Distally:

- **Practitioner Position:** Take recipient's forearm and place it on his/her abdomen. Stand at S3 facing the foot of the table. Standing foot left, working foot right.
- **Sarga Wrapping Technique:** Double or Single Shoulder Wrap, or Handle Grip.
- **Stroke Direction & Foot Mechanics:** Begin at tensor fasciae latae, with the pad of your foot, working tissue medially and distally. Continue down the lateral upper leg with entire plantar surface of the foot affecting vastus lateralis and the IT band. **Variation:** A more lateral trajectory (with the heel of the working foot dragging on the surface of the table) will affect the IT band more directly.
- **Target Tissue:** Tensor fasciae latae, quadriceps, IT band, fascia lata.
- **Considerations & Contraindications:** Bolster beneath the knee, both to protect the knee from hyperextension and to neutralize the lower back.

ANTERIOR TECHNIQUE: Chest & Arm (Right Side Only)

1. Chest:

- **Practitioner Position:** Stand at S1 facing the foot of the table at an angle. Standing foot left, working foot right.
- **Sarga Wrapping Technique:** Double or Single Shoulder Wrap.
- **Stroke Direction & Foot Mechanics:** Make sure that the recipient's forearm is resting on his/her abdomen. Begin the stroke with your toes and pad of the foot near recipient's sternum, inferior to the clavicle. Gently and slowly trace the clavicle laterally, then pivot your foot in the deltopectoral groove until your toes face the foot of the table. Work down the brachial area, finishing just before the elbow with your lateral arch.
- **Target Tissue:** Pectorals, deltoid, biceps, brachialis.
- **Considerations & Contraindications:** This is a sensitive and delicate area; be mindful of pressure! Make sure to stay below recipient's clavicle, above breast tissue, and away from the brachial plexus in the medial arm. This stroke may not be appropriate for every body, if in doubt, omit this stroke.

2. Forearm:

- **Practitioner Position:** Stand at S1 facing the foot of the table. Standing foot left, working foot right.
- **Sarga Wrapping Technique:** Double or Single Shoulder Wrap.
- **Stroke Direction & Foot Mechanics:** Begin just below the pronated humeroulnar joint with the pad of the foot. Begin to increase pressure in your heel as you work towards the fingers, affecting tissue in the "valley" between the ulna and the radius. Lessen pressure over the wrist and finish with toes/pad of the foot on top of the hand and out the fingers.
- **Target Tissue:** Forearm extensors.

- **Considerations & Contraindications:** Make sure there is a healthy bend in the elbow joint to prevent hyperextension. This stroke may not be appropriate for every body, depending on the resting alignment of the arm and shoulder. If in doubt, omit this stroke. Be sensitive to the wrist!

SEATED TECHNIQUE: Posterior Neck & Back (Right Side Only)

1. Seated Neck & Back:

- **Practitioner Position:** Sit at S6 on a stool. Be mindful to maintain tone and engagement of your abdominals; do not slouch or round in the back. Working foot right, stabilizing foot left.
- **Sarga Wrapping Technique:** Cocoon.
- **Stroke Direction & Foot Mechanics:** Start at the upper trapezius with the pad of your foot. Fade into the medial arch of your foot as the tissue is rolled up, over and down the recipient's back towards the foot of the table. As you work down towards the recipient's mid-thoracic area, transition to your heel over the rhomboids / upper erector group, ending with your leg fully extended. Repeat this stroke a few times, covering slightly different areas with each pass and allowing for extra time in areas of tightness and density.
- **Target Tissue:** Upper trapezius, levator scapula, rhomboids, upper erector group.
- **Considerations & Contraindications:** Do not apply pressure with both feet at the same time on the shoulders to avoid increasing the secondary curve of the cervical spine.

SEATED TECHNIQUE: Anterior Neck, Head & Face (Right Side Only)

1. Neck:

- **Practitioner Position:** Sit at S1 on a stool. Working foot right (use your left foot to gently pin the opposite shoulder). Fold your Sarga Strap in half and slide the folded edge under the recipient's head to create a hammock for gentle support and rotation of his/her head. Pay particular attention to keeping your lower abdominals engaged, no slouching!
- **Sarga Wrapping Technique:** No Sarga Strap needed for practitioner support.
- **Stroke Direction & Foot Mechanics:** Use your big toe/pad of the foot to pin the tissue superior to the clavicle. With your Sarga Strap, carefully rotate the recipient's head on a straight axis in the opposite direction, for a pin-and-stretch effect. Direct your pressure down and towards the midline. Target at least three different points, working lateral to medial.
- **Target Tissue:** Upper trapezius, scalenes, levator scapula.
- **Considerations & Contraindications:** Be cautious near the carotid artery and jugular veins. Do not use the Sarga Strap for aggressive traction to the cervical spine!

2. Seated Head & Face:

- **Practitioner Position:** Sit at S1 on a stool and bring the soles of your feet together. Gently pick up the recipient's head and cradle it in the medial arches of your feet with the base of your 1st metatarsal at the recipient's occipital ridge.
- **Sarga Wrapping Technique:** No Sarga Strap needed.
- **Stroke Direction & Foot Mechanics:** "Open and close" your feet like a book to massage the back of the recipient's scalp, starting with both heads of your 1st metatarsals at recipient's mastoid processes. As you "close" your feet, affect the muscular attachments at the occipital ridge. **Variation:** Focus pressure through your medial arches, broadly massaging the back of the skull. As you do this, apply gentle downward pressure with

your hands on the forehead. Then let the recipient's head rest on the soles of your feet as you work on the face and scalp with your hands. To finish, slowly slide your feet out and bring the recipient's head back to rest on the table.

- **Target Tissue:** Upper trapezius, semispinalis capitis, splenius capitis, sternocleidomastoid, suboccipitals, scalp, facial muscles.
- **Considerations & Contraindications:** Do not compress the recipient's skull between your feet. Be careful not to pull recipient's hair. This is a sensitive area, and not everyone will want work on the face.

SARGA BODYWORK 60-MINUTE POSTERIOR SEQUENCE

1. Bolster recipient's body.
2. Undrape and apply Myo.Rub.
3. Foot bath & sanitizing spray.
4. Get on the table at S5.

1-3 repetitions of each stroke on the right side of the body:

5. S5: Lateral Foot & Lateral Lower Leg, Proximally.
6. S5: Full Lateral Leg, Proximally.
7. S5: Medial Foot & Medial Lower Leg, Proximally.
8. S5: Full Medial Leg, Proximally.
9. S3 (on opposite side): Medial Upper Leg, Distally.
10. S3: Palm of the Hand & Forearm.
11. S2: Upper Arm (Deltoid).
12. Take forearm off the table.
13. S1: Back ("Chevron").
14. S2: Glute.
15. S3: Lateral Upper Leg, Distally.
16. S4: Lateral Lower Leg, Distally.

Repeat steps 5-14 on the left side of the body.

17. S5: Step off table into your slippers.
18. S6: Seated Neck, Head & Face.

SARGA BODYWORK 30-MINUTE ANTERIOR SEQUENCE

1. Bolster recipient's body.
2. Brief neck work / cover eyes.
3. Undrape and apply Myo.Rub
4. Get on the table at S5.

1-3 repetitions of each stroke on the right side of the body:

5. S5: Lateral Lower Leg, Proximally & Distally.
6. S5: Medial Lower Leg, Proximally & Distally.
7. S4: Medial Upper Leg (Adductor Fan).
8. S4: Top of Upper Leg (Quadriceps), Proximally.
9. Bring forearm onto recipient's torso.
10. S2: Lateral Upper Leg, Distally.
11. S1: Chest.
12. S1: Forearm, Distally.

Repeat steps 5-12 on left side of the body.

13. S5: Step off the table into your slippers.
14. S6: Seated Neck, Head & Face.
15. End the session with brief work on recipient's feet with your hands.

SARGA BODYWORK 90-MINUTE FULL BODY SEQUENCE

POSTERIOR sequence:

1. Bolster recipient's body.
2. Undrape and apply Myo.Rub.
3. Foot bath & sanitizing spray.
4. Get on the table at S5.
5. S5: Lateral Foot & Lateral Lower Leg, Proximally.
6. S5: Full Lateral Leg, Proximally.
7. S5: Medial Foot & Medial Lower Leg, Proximally.
8. S5: Full Medial Leg, Proximally.
9. S3 (on opposite side): Medial Upper Leg, Distally.
10. S3: Palm of the Hand & Forearm.
11. S2: Upper Arm (Deltoid).
12. Take forearm off the table.
13. S1: Back ("Chevron").
14. S2: Glute.
15. S3: Lateral Upper Leg, Distally.
16. S4: Lateral Lower Leg, Distally.

Repeat steps 5-14 on the left side of the body.

17. S5: Step off table into your slippers.
18. S6: Seated Neck, Head & Face.

ANTERIOR sequence:

1. Adjust bolstering.
2. Brief neck work / cover eyes.
3. Undrape and apply Myo.Rub
4. Get on the table at S5.
5. S5: Lateral Lower Leg, Proximally & Distally.
6. S5: Medial Lower Leg, Proximally & Distally.
7. S4: Medial Upper Leg (Adductor Fan).
8. S4: Top of Upper Leg (Quadriceps), Proximally.
9. Bring forearm onto recipient's torso.
10. S2: Lateral Upper Leg, Distally.
11. S1: Chest.
12. S1: Forearm, Distally.

Repeat steps 5-12 on left side of the body.

13. S5: Step off the table into your slippers.
14. S6: Seated Neck, Head & Face.
15. End the session with brief work on recipient's feet with your hands.

SARGA BODYWORK 90-MIN SEQUENCE TIME BREAKDOWN

POSTERIOR: 50 minutes

- 5 minutes – SETUP
- 20 minutes – RIGHT SIDE
- 20 minutes – LEFT SIDE
- 5 minutes – SEATED NECK

- *5 minutes – TURN OVER*

ANTERIOR: 35 minutes

- 15 minutes – RIGHT SIDE
- 15 minutes – LEFT SIDE
- 5 minutes – SEATED